

UT HEALTH SCIENCE CENTER
FAMILY CAMPAIGN

LAST NAME

FIRST NAME

MIDDLE/MAIDEN

SUFFIX

PERSONNEL #

ADDRESS

CITY

STATE

ZIP

I am proud to support UT Health Science Center!

Please designate my gift as follows:

- _____
- _____
- _____
- _____
- This gift is in honor/memory of: _____

SIGNATURE (REQUIRED)

DATE

Please return completed form by September 30 to:

Office of Advancement; 62 S Dunlap, Suite 515; Memphis TN 38163

Visit giving.uthsc.edu/familycampaign for additional informationa.

I am making my gift through payroll deduction

- Please renew my payroll deduction gift from last year.
- Please change my payroll deduction to \$ _____ on the Payroll Deduction Program at the rate of \$ _____ per month beginning month following submission.
- I am making a new gift of \$ _____ on the Payroll Deduction Program at the rate of \$ _____ per month beginning month following submission.
- I am making a one-time gift of \$ _____ on the Payroll Deduction Program in month following submission.

I am making a one-time gift

- I am making a one-time gift of \$ _____
(Make checks payable to **UT Foundation**)
- I am using my credit card (VISA, MasterCard, Discover, AmEx)
Card #: _____
Exp. Date: _____ VC: _____